

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5917-62-042956
STATE FILE NUMBER

DO NOT WRITE-
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in lb
Lifetime

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

admission)

c. CITY
OR TOWN

Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
3641 Bell Street

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Stephen

Middle

Russell

Last

Stimson

4. DATE OF DEATH

Month

Day

Year

November

21

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/24/87

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wholesale Salesman, ret.

10b. KIND OF BUSINESS OR INDUSTRY

Home Furnishings

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Stephen R. Stimson

13b. MOTHER'S MAIDEN NAME

Mary Hankinson

14. NAME OF HUSBAND OR WIFE

Isabelle H. Stimson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address 3641 Bell St.

Mrs. Isabelle H. Stimson K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Paroxysmal Tachycardia

INTERVAL BETWEEN ONSET AND DEATH

12 hours

DUE TO (b)

Emphysema

1 year

DUE TO (c)

asthma

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-3-1960 to 11-20-1962 and last saw him alive on 11-20-1962

Death occurred at 12:30

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

P.M. Nunn

M.D.

22b. ADDRESS

1401 SW Blvd Kansas City Kan

22c. DATE SIGNED

11-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/23/62

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill Cemetery

23d. LOCATION (City, town, or County)

Kansas City

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wagner Funeral Home

K. C., Mo.

25. DATE RECD. BY LOCAL REG.

11-23-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

P. M. Nunn

Ed. M. Mearns, M. D.
1401 E. W. Blvd.
St. Louis, Mo.

80 2-0450

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address H. C. M. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.